

B. Risk Communication in Public Health

1. Crisis and Emergency Risk Communication vs. Risk Communication

Your agency communicates to the public about health risks every day. According to the CDC, a distinction is made between communicating about **routine health risks** and communicating about **crisis and emergency health risks**. This template addresses *both* kinds of risk communication, described as follows:

- The CDC defines **crisis and emergency risk communication** as: “the attempt by science- or public-health professionals to provide information that allows an individual, stakeholders, or an entire community to make the best possible decisions during a crisis emergency about their well-being, and communicate those decisions, within nearly impossible time constraints, and ultimately, to accept the imperfect nature of choices as the situation evolves.” (CDC’s *Crisis and Emergency Risk Communication*, September 2002)
- Crisis and emergency risk communication is different than risk communication. According to the CDC, “through **risk communication**, the communicator hopes to provide the receiver with information about the expected type (good or bad) and magnitude (weak or strong) of an outcome from a behavior or exposure.” (CDC’s *Crisis and Emergency Risk Communication*, September 2002)

Both kinds of risk communication are delivered by science or public health experts, and are intended to empower decision-making. In **crisis and emergency risk communication**, the event is urgent and unexpected, and a decision must be made within a narrow time constraint with imperfect or incomplete information. In contrast, **risk communication** occurs in response to an anticipated event, often with little or no time pressure, sometimes with complete information about known risks.

Crisis and Emergency Risk Communication	Risk Communication
<ul style="list-style-type: none"> • Delivered by a science or public health expert • Intended to empower decision-making • Event is urgent and unexpected • Decision must be made within a narrow time constraint • Decision may need to be made with imperfect or incomplete information 	<ul style="list-style-type: none"> • Delivered by a science or public health expert • Intended to empower decision-making • In response to an anticipated event • Often little or no time pressure • Decision is sometimes made with complete information about known risks

2. Communicating in a Crisis: Mental Health Considerations

As mentioned previously, **the public's reaction to a public health emergency, much more than in other emergencies, will greatly affect your agency's ability to control the spread of deadly diseases.** In general, the overwhelming majority of individuals act reasonably during a crisis. But people at all levels of response, from emergency responders to members of the general public, will experience a range of mental stresses such as increased anxiety and depression that affect decision-making and perception of risk.

One potential issue is dealing with the “**worried well**,” uninfected or unaffected people who believe they need treatment who can clog an already overburdened health care system trying to cope with an epidemic. In order to provide information to the worried well and keep them from using scarce medical resources needed by people who have been truly affected, develop messages to help people decide the appropriate action(s) to take. Web sites, fact sheets, and media interviews can describe a self-diagnosis system that members of the public can use to determine if they think they need to seek care.¹

Health professionals such as emergency responders, physicians and public health staff will also face a number of challenging conditions during a public health emergency: grueling schedules, concerns for themselves and their families, as well as pressure from the media for information and from superiors to perform. As a result, mental health supports for these people need to be considered before an incident has occurred.

During a crisis, the public's perception of risk may not correspond to the true risk. In an emergency, it is critically important to establish feedback mechanisms to monitor the effectiveness of public messages and to determine the concerns and beliefs of the people in the affected area. Toll free lines, interactive web sites, email addresses, and regular mail can allow your agency to stay connected to the issues facing people in your community.

3. The Significance of a Risk Communication Plan

A comprehensive and continuously updated risk communication plan can preempt many problems that might occur during a public health emergency. Public health emergencies are different from other emergencies. Unlike an explosion or natural disaster, the incident scene is not confined to a specific location. This is especially true in the case of infectious agents that can be spread by personal contact through a community until the epidemic is controlled. **As a result, much more than in other emergencies, the public's reaction to the crisis will greatly affect your agency's ability to control the spread of deadly diseases.**

¹ The Bureau of Substance Abuse Services (BSAS) within MDPH is currently working with the Massachusetts Department of Mental Health (DMH) to launch a 24/7 information and referral helpline for providers and the public addressing disaster-related mental health issues and substance abuse issues (e.g. relapse, methadone, etc.). Once operational, this helpline will serve as a department-wide emergency communications resource for disaster mental health and substance abuse related issues. The helpline, known as, “MassSupport”, will be staffed by trained volunteers. In the instance of a widespread emergency, DMH/BSAS may deploy professionals to assist the helpline volunteers with answering phone calls. As an accompaniment to the helpline, a “MassSupport” website is being developed for the public and providers. The website will contain information about coping with disasters, how to prepare and what to do during a widespread emergency, and how to access other local, state, and national resources.

Biological agents in particular meet all of the major criteria that heighten people's perception of risk: they are exotic and unknown, manmade, carry the threat of catastrophic consequences, and seemingly strike at random. All of these factors point to the critical role of risk communication in public health preparedness. **Risk communication serves to maximize the health and well-being of the population, provide mechanisms to help people decide the appropriate level of treatment that they need, and ensures that limited resources are efficiently directed to where they are needed most.**

A risk communication plan is one of four activities necessary to accomplish these goals. To effectively maximize the health of the population, a risk communication plan must be supported by ongoing **planning, training and practice.**

Four Components of Effective Risk Communication

1. Advance Preparation

(i.e., drafting message maps, collecting contact information for key people, updating media lists)

2. Training

(i.e., for spokespeople and other communicators)

3. Practice

(i.e., tabletop exercises; reviewing lessons learned)

4. Risk Communication Plan

(comprehensive and continuously updated)